

B1 (Official Form 1) (04/13)

United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Jensen, Jessica L			Name of Joint Debtor (Spouse) (Last, First, Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): fka Jessica Sefcik			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-5281			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all):		
Street Address of Debtor (No. and Street, City, and State): 1007 Wilcox Joliet, IL			Street Address of Joint Debtor (No. and Street, City, and State):		
ZIP CODE 60435			ZIP CODE		
County of Residence or of the Principal Place of Business: COOK			County of Residence or of the Principal Place of Business:		
Mailing Address of Debtor (if different from street address): 1007 Wilcox Joliet, IL			Mailing Address of Joint Debtor (if different from street address):		
ZIP CODE 60435			ZIP CODE		
Location of Principal Assets of Business Debtor (if different from street address above):					
ZIP CODE					
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).		Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box.) <input type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input checked="" type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

Voluntary Petition*(This page must be completed and filed in every case.)*Name of Debtor(s): **Jessica L Jensen****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet.)Location Where Filed:
None

Case Number:

Date Filed:

Location Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet.)

Name of Debtor:

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).

X /s/ Salvador J Lopez
Salvador J Lopez4/22/2015

Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D, completed and signed by the debtor, is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box.)

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes.)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)_____
(Name of landlord that obtained judgment)_____
(Address of landlord)☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition*(This page must be completed and filed in every case)*Name of Debtor(s): **Jessica L Jensen****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Jessica L Jensen
Jessica L Jensen

X _____

 Telephone Number (If not represented by attorney)

4/22/2015

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
 (Signature of Foreign Representative)

 (Printed Name of Foreign Representative)

 Date

Signature of Attorney*

X /s/ Salvador J Lopez
Salvador J Lopez Bar No. **6298522**

Robson & Lopez LLC
161 N. Clark Street
Suite 4700
Chicago, IL 60601

Phone No. (312) 523-2021 Fax No. (312) 277-6891

4/22/2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
 Signature of Authorized Individual

 Printed Name of Authorized Individual

 Title of Authorized Individual

 Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

 Printed Name and title, if any, of Bankruptcy Petition Preparer

 Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

 Address

X _____

 Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B 1D (Official Form 1, Exhibit D) (12/09)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**In re: **Jessica L Jensen**

Case No. _____

(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

B 1D (Official Form 1, Exhibit D) (12/09)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**In re: **Jessica L Jensen**Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT***Continuation Sheet No. 1*

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Jessica L Jensen
Jessica L Jensen

Date: 4/22/2015

Fill in this information to identify your case:

Debtor 1	Jessica	L	Jensen
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

☐ Check if this is an amended filing

Official Form B 3B

Application to Have the Chapter 7 Filing Fee Waived

06/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: Tell the Court About Your Family and Your Family's Income

1. What is the size of your family? Check all that apply:

Your family includes you, your spouse, and any dependents listed on Schedule J: Current Expenditures of Individual Debtor(s) (Official Form B 6J).

☒ You
☐ Your spouse
☐ Your dependents

How many dependents? 0 Total number of people 1

2. Fill in your family's average monthly income.

Include your spouse's income if your spouse is living with you, even if your spouse is not filing.

Do not include your spouse's income if you are separated and your spouse is not filing with you.

Add your income and your spouse's income. Include the value (if known) of any non-cash governmental assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

If you have already filled out Schedule I: Your Income, see line 10 of that schedule.

Subtract any non-cash governmental assistance that you included above.

That person's average monthly net income (take-home pay)

You..... **\$0.00**

Your spouse..... +

Subtotal..... **\$0.00**

..... - **\$0.00**

Your family's average monthly net income Total..... **\$0.00**

3. Do you receive non-cash governmental assistance? ☒ No ☐ Yes. Describe.....

4. Do you expect your family's average monthly net income to increase or decrease by more than 10% during the next 6 months? ☒ No ☐ Yes. Explain.....

5. Tell the court why you are unable to pay the filing fee in installments within 120 days. If you have some additional circumstances that cause you to not be able to pay your filing fee in installments, explain them.

Debtor 1 **Jessica** **L** **Jensen** Case number (if known) _____
First Name Middle Name Last Name

Part 2: Tell the Court About Your Monthly Expenses

6. Estimate your average monthly expenses.

Include amounts paid by any government assistance that you reported on line 2. \$0.00

If you have already filled out Schedule J, Your Expenses, copy line 22 from that form.

7. Do these expenses cover anyone who is not included in your family as reported in line 1?

☒ No
☐ Yes. Identify who.....

8. Does anyone other than you regularly pay any of these expenses?

☒ No
☐ Yes. How much do you regularly receive as contributions? _____ monthly

If you have already filled out Schedule I: Your Income, copy the total from line 11.

9. Do you expect your average monthly expenses to increase or decrease by more than 10% during the next 6 months?

☒ No
☐ Yes. Explain.....

Part 3: Tell the Court About Your Property

If you have already filled out Schedule A: Real Property (Official Form B 6A) and Schedule B: Personal Property (Official Form B 6B), attach copies to this application and go to Part 4.

10. How much cash do you have?

Examples: Money you have in your wallet, in your home, and on hand when you file this application

Cash: \$0.00

11. Bank accounts and other deposits of money?

Examples: Checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, and other similar institutions. If you have more than one account with the same institution, list each. Do not include 401(k) and IRA accounts.

	Institution name:	Amount:
Checking account:		
Savings account:		
Other financial accounts:		
Other financial accounts:		

12. Your home? (if you own it outright or are purchasing it)

Examples: House, condominium, manufactured home, or mobile home

Number	Street	City	State	ZIP Code	Current value:	Amount you owe on mortgage and liens:

13. Other real estate?

Number	Street	City	State	ZIP Code	Current value:	Amount you owe on mortgage and liens:

14. The vehicles you own?

Examples: Cars, vans, trucks, sports utility vehicles, motorcycles, tractors, boats

Make:	Model:	Year:	Mileage:	Current value:	Amount you owe on liens:

Debtor 1 **Jessica** **L** **Jensen** Case number (if known) _____
First Name Middle Name Last Name

15. Other assets? Describe the other assets: Current value: _____
Do not include household items and clothing. Amount you owe on liens: _____

16. Money or property due you? Who owes you the money or property? How much is owed? Do you believe you will likely receive payment in the next 180 days?
Examples: Tax refunds, past due or lump sum alimony, spousal support, child support, maintenance, divorce or property settlements, Social Security benefits, Workers' compensation, personal injury recovery
☐ No
☐ Yes. Explain:

Part 4: Answer These Additional Questions

17. Have you paid anyone for services for this case, including filing out this application, the bankruptcy filing package, or the schedules? ☒ No ☐ Yes. Whom did you pay? Check all that apply: How much did you pay?
☐ An attorney
☐ A bankruptcy petition preparer, paralegal, or typing service
☐ Someone else

18. Have you promised to pay or do you expect to pay someone for services for your bankruptcy case? ☒ No ☐ Yes. Whom do you expect to pay? Check all that apply: How much do you expect to pay?
☐ An attorney
☐ A bankruptcy petition preparer, paralegal, or typing service
☐ Someone else

19. Has anyone paid someone on your behalf for services for this case? ☒ No ☐ Yes. Who was paid on your behalf? Check all that apply: Who paid? Check all that apply: How much did someone else pay?
☐ An attorney ☐ Parent
☐ A bankruptcy petition preparer, paralegal, or typing service ☐ Brother or sister
☐ Someone else ☐ Friend
☐ Pastor or clergy
☐ Someone else

20. Have you filed for bankruptcy within the last 8 years? ☒ No ☐ Yes.
District _____ When _____ Case number _____
MM/DD/YYYY
District _____ When _____ Case number _____
MM/DD/YYYY
District _____ When _____ Case number _____
MM/DD/YYYY

Part 5: Sign Below

By signing here under penalty of perjury, I declare that I cannot afford to pay the filing fee either in full or in installments. I also declare that the information I provided in this application is true and correct.

X /s/ Jessica L Jensen X
Signature of Debtor 1 Signature of Debtor 2

Date: 4/22/2015 Date: _____
MM / DD / YYYY MM / DD / YYYY

Fill in this information to identify the case:

Debtor 1	Jessica	L	Jensen
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number			
(if known)			

Order on the Application to Have the Chapter 7 Filing Fee Waived

After considering the debtor's Application to Have the Chapter 7 Filing Fee Waived (Official Form B 3B), the court orders that the application is:

- ☒ **Granted.** However, the court may order the debtor to pay the fee in the future if developments in administering the bankruptcy case show that the waiver was unwarranted.
- ☐ **Denied.** The debtor must pay the \$335 filing fee according to the following terms:

<u>You must pay</u>	<u>On or before this date</u>
_____	_____
	Month / day / year
_____	_____
	Month / day / year
_____	_____
	Month / day / year
+ _____	_____
	Month / day / year
Total _____	

If the debtor would like to propose a different payment timetable, the debtor must file a motion promptly with a payment proposal. The debtor may use Application for Individuals to Pay the Filing Fee in Installments (Official Form B 3A) for this purpose. The court will consider it.

The debtor must pay the entire filing fee before making any more payments or transferring any more property to an attorney, bankruptcy petition preparer, or anyone else in connection with the bankruptcy case. The debtor must also pay the entire filing fee to receive a discharge. If the debtor does not make any payment when it is due, the bankruptcy case may be dismissed and the debtor's rights in future bankruptcy cases may be affected.

- ☐
- Scheduled for hearing.**

A hearing to consider the debtor's application will be held

on _____ at _____ : _____ AM / PM at _____
 Month / day / year Address of courthouse

If the debtor does not appear at this hearing, the court may deny the application.

Month / day / year

By the court: _____
United States Bankruptcy Judge

In re **Jessica L Jensen**

Case No. _____
(if known)

SCHEDULE A - REAL PROPERTY

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
None				
Total:			\$0.00	

(Report also on Summary of Schedules)

In re **Jessica L Jensen**

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Chase Checking Account	-	\$80.00
3. Security deposits with public utilities, telephone companies, land-lords, and others.	X			
4. Household goods and furnishings, including audio, video and computer equipment.		Bed, computer desk, 1 computer (5+ years old).	-	\$250.00
		Samsung Cell phone	-	\$100.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.		Debtor's books.	-	\$50.00
6. Wearing apparel.		Debtor's clothes and shoes.	-	\$100.00
7. Furs and jewelry.	X			
8. Firearms and sports, photo-graphic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

In re **Jessica L Jensen**

Case No. _____
 (if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		IMRF Pension Plan (former job)	-	\$2,290.74
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		2 share in Disney	-	\$200.00
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			

In re **Jessica L Jensen**

Case No. _____

(if known)

SCHEDULE B - PERSONAL PROPERTY*Continuation Sheet No. 2*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		Potential FDCPA claim against Medical Recovery Specialists, LLC.	-	\$750.00
		Potential FDCPA claim against Creditor's Discount & Audit Co.	-	\$750.00
		Potential FDCPA claim against Creditor's Collection Bureau, Inc.	-	\$750.00
		Potential FDCPA claim against Certified Services, Inc.	-	\$750.00
		Potential FDCPA claim against Vision Financial Services.	-	\$750.00
		Potential FDCPA claim against Medical Business Bureau. LLC	-	\$750.00
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			

In re **Jessica L Jensen**

Case No. _____

(if known)

SCHEDULE B - PERSONAL PROPERTY*Continuation Sheet No. 3*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			

In re **Jessica L Jensen**

Case No. _____

(if known)

SCHEDULE B - PERSONAL PROPERTY*Continuation Sheet No. 4*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
35. Other personal property of any kind not already listed. Itemize.	X			
Total >				\$7,570.74

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

4 continuation sheets attached

In re **Jessica L Jensen**

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675.*

- ☐ 11 U.S.C. § 522(b)(2)
☒ 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Chase Checking Account	735 ILCS 5/12-1001(b)	\$80.00 full fair market value (FMV)	\$80.00
Bed, computer desk, 1 computer (5+ years old).	735 ILCS 5/12-1001(b)	\$250.00 full fair market value (FMV)	\$250.00
Samsung Cell phone	735 ILCS 5/12-1001(b)	\$100.00 full fair market value (FMV)	\$100.00
Debtor's books.	735 ILCS 5/12-1001(b)	\$50.00 full fair market value (FMV)	\$50.00
Debtor's clothes and shoes.	735 ILCS 5/12-1001(a), (e)	\$100.00 full fair market value (FMV)	\$100.00
IMRF Pension Plan (former job)	735 ILCS 5/12-704	\$2,290.74 full fair market value (FMV)	\$2,290.74
2 share in Disney	735 ILCS 5/12-1001(b)	\$200.00 full fair market value (FMV)	\$200.00
* Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.		\$3,070.74	\$3,070.74

B6C (Official Form 6C) (4/13) -- Cont.

In re **Jessica L Jensen**

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Continuation Sheet No. 1

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Potential FDCPA claim against Medical Recovery Specialists, LLC.	735 ILCS 5/12-1001(b)	\$750.00 full fair market value (FMV)	\$750.00
Potential FDCPA claim against Creditor's Discount & Audit Co.	735 ILCS 5/12-1001(b)	\$750.00 full fair market value (FMV)	\$750.00
Potential FDCPA claim against Creditor's Collection Bureau, Inc.	735 ILCS 5/12-1001(b)	\$750.00 full fair market value (FMV)	\$750.00
Potential FDCPA claim against Certified Services, Inc.	735 ILCS 5/12-1001(b)	\$750.00 full fair market value (FMV)	\$750.00
Potential FDCPA claim against Vision Financial Services.	735 ILCS 5/12-1001(b)	\$320.00 full fair market value (FMV)	\$750.00
Potential FDCPA claim against Medical Business Bureau. LLC	735 ILCS 5/12-1001(b)	\$0.00 full fair market value (FMV)	\$750.00
		\$6,390.74	\$7,570.74

B6D (Official Form 6D) (12/07)
In re **Jessica L Jensen**

Case No. _____
(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Subtotal (Total of this Page) >						\$0.00	\$0.00
Total (Use only on last page) >						\$0.00	\$0.00

No continuation sheets attached

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6E (Official Form 6E) (04/13)

In re **Jessica L Jensen**

Case No. _____
(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

- ☐ **Domestic Support Obligations**
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**
Claims of individuals up to \$2,775* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).
- ☐ **Administrative allowances under 11 U.S.C. Sec. 330**
Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

No continuation sheets attached

B6F (Official Form 6F) (12/07)
In re **Jessica L Jensen**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 4878 Aparna Pai MD 11788 Winding Trails Dr Willow Springs, IL 60480-1191	-	DATE INCURRED: various CONSIDERATION: Medical services REMARKS:				\$1,158.42
ACCT #: xx-xxxxx9929 Armor Systems Corporation 1700 Kiefer Drive, Ste 1 Zion, IL 60099-5105	-	DATE INCURRED: various CONSIDERATION: Collecting for - Pain Treatment Centers of Illinois REMARKS:				\$172.40
ACCT #: 28167 Associated Radiologists 6801 W. 73rd St., #637 Bedford Park, IL 60499	-	DATE INCURRED: Various CONSIDERATION: Medical services REMARKS:				\$21.18
ACCT #: 7888297; 6947103 Balanced Healthcare Receivables 141 Burke Street Nashua, NH 03060	-	DATE INCURRED: various CONSIDERATION: Collecting for - Quest Diagnostics REMARKS:				\$198.00
ACCT #: 4878A Certified Services, Inc. PO Box 177 Waukegan, IL 60079	-	DATE INCURRED: 4/20/14 CONSIDERATION: Medical Services REMARKS:				\$1,158.42
ACCT #: CPS 23329 Comprehensive Pathology Serv 26570 Network Place Chicago, IL 60673	-	DATE INCURRED: 4/7/14 CONSIDERATION: Medical Services REMARKS:				\$37.10
Subtotal >						\$2,745.52
Total >						

4 continuation sheets attached

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.
In re **Jessica L Jensen**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: H57767-F35901 Creditor's Discount & Audit Co PO Box 213 Streator, IL 61364	-	DATE INCURRED: various CONSIDERATION: Collecting for - Assoc. Pathologists of Joliet REMARKS:				\$368.00
ACCT #: xxx4911 Creditors Collection Bureau PO Box 1022 Wixom, MI 48393-1022	-	DATE INCURRED: various CONSIDERATION: Collecting for - Associated Radiologists of Joliet REMARKS:				\$477.00
ACCT #: 53528; 124088 EM Strategies LTD PO Cox 366 Hinsdale, IL 60522	-	DATE INCURRED: Various CONSIDERATION: Medical services REMARKS:				\$13,093.00
ACCT #: 361346 ISSAN Health Care Group LTD 2835 Paysphere Cir. Chicago, IL 60674-2835	-	DATE INCURRED: various CONSIDERATION: Medical services REMARKS:				\$1,400.00
ACCT #: 37337 Joliet Radiological S. C. 36910 Treasury Center Chicago, IL 60694-6900	-	DATE INCURRED: various CONSIDERATION: Medical services REMARKS:				\$1,668.00
ACCT #: xxx6467 Law Office of Joel Cardis LLC 2006 Swede Rd., Suite 100 E. Norriton, PA 19401	-	DATE INCURRED: various CONSIDERATION: Collecting for - Progressive Surgical Associates REMARKS:				\$92.05

Sheet no. 1 of 4 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$17,098.05**

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

Document Page 22 of 54

In re **Jessica L Jensen**Case No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 7-317-734 Mayo Clinic PO Box 4004 Rochester, MN 55903-4004	-	DATE INCURRED: various CONSIDERATION: Medical services REMARKS:				\$11,382.16
ACCT #: J000130772; J000157114 Medical Business Bureau LLC 1175 Devin Dr. Suite 173 Norton Shores, MI 49441	-	DATE INCURRED: 9/24/12 CONSIDERATION: Collecting for - EM Strategies REMARKS:				\$5,335.00
ACCT #: 9581780 (more in remarks) Medical Recovery Specialists 2250 E. Devon Ave. Ste 352 Des Plaines, IL 60018	-	DATE INCURRED: 9/13/12 CONSIDERATION: Collecting for - Silver Cross Hospital REMARKS: 9018810; 9558126; 9470518;				\$369.58
ACCT #: PICS-M0228983; 08588759 Medical Recovery Specialists 2250 E. Devon Ave. Ste 352 Des Plaines, IL 60018	-	DATE INCURRED: various CONSIDERATION: Collecting for - Pathology & Lab Consultants, SC REMARKS:				\$533.00
ACCT #: 295017 Meridian Medical Assoc 2100 Glenwood Ave Joliet, IL 60435	-	DATE INCURRED: Various CONSIDERATION: Medical services REMARKS:				\$323.00
ACCT #: 40777595-23-19901 Plantation Billing Center PO Box 189016 Plantation FL 33318	-	DATE INCURRED: various CONSIDERATION: Collecting for - Prairie Emergency Physicians REMARKS:				\$710.00

Sheet no. 2 of 4 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims**Subtotal >****\$18,652.74****Total >**(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.
In re **Jessica L Jensen**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 5157 Pothology and Lab Consutants 6965 Reliable Pkwy Chicago, IL 60686-0069	-	DATE INCURRED: various CONSIDERATION: Medical services REMARKS:				\$730.75
ACCT #: 82525 Progressive Surgical Associates PO Box 5932 Carol Stream, IL 60122-0001	-	DATE INCURRED: 12/13/11 CONSIDERATION: Medical services REMARKS:				\$90.00
ACCT #: F040093923 (more in remarks) Silver Cross Hospital 1900 Silver Cross Blvd. New Lenox, IL 60451	-	DATE INCURRED: various CONSIDERATION: Medical services REMARKS: F033119961; F040188418; F040097079; F032745192; F033658485; F033632112; F033482423; F033131558; F033875923;				\$3,955.39
		F033072117; F032745044; F032360356; F032829947; F033851601; F032824203; F033260100; F032810160; F032467193; F032368714; F032216673; F031049950; F032451361; F032423329; F032405201;				
ACCT #: AE 13161 Southwest Cardio Consultants 2801 Back Rd, Ste A Joliet, IL 60435-2929	-	DATE INCURRED: 5/29/12 CONSIDERATION: Medical services REMARKS:				\$25.00
ACCT #: 23514.1 Southwest Gastroenterology 9921 Southwest HWY Oak Lawn, IL 60453	-	DATE INCURRED: various CONSIDERATION: Medical services REMARKS:				\$3,160.00

Sheet no. 3 of 4 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$7,961.14**

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

Document Page 24 of 54

In re **Jessica L Jensen**Case No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 4019 Suburban Gynecology PO Box 2069 Joliet, IL 60435	-	DATE INCURRED: Various CONSIDERATION: Medical Services REMARKS:				\$354.07
ACCT #: 26313175 Transworld Systems Inc. 507 Prudential Road Horsham, PA 19044	-	DATE INCURRED: various CONSIDERATION: Collecting for -Progressive Surgical REMARKS:				\$90.00
ACCT #: 634571 (additional accounts in rema Vision Financial Services PO Box 1768 LaPorte, IN 46352	-	DATE INCURRED: various CONSIDERATION: Collecting for - Silver Cross Hospital REMARKS: 709232; 703965; 656702; 670189; 670161; 670130; 670135;				\$3,785.84
ACCT #: 9857 Will County Community Health Ctr 501 Ella Ave Joliet, IL 60433-2799	-	DATE INCURRED: 9/4/12 CONSIDERATION: Medical Services REMARKS:				\$412.00
ACCT #: 000033175 Will County Health Dept. 501 Ella Avenue Joliet, IL 60433	-	DATE INCURRED: 8/31/12 CONSIDERATION: Medical Services REMARKS:				\$35.50

Sheet no. 4 of 4 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims**Subtotal >****\$4,677.41****Total >****\$51,134.86**(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6G (Official Form 6G) (12/07)

In re **Jessica L Jensen**

Case No. _____
(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re **Jessica L Jensen**

Case No. _____
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Fill in this information to identify your case:

Debtor 1	Jessica	L	Jensen
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☐ Employed
- ☒ Not employed

Number Street

City State Zip Code

Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

Number Street

City State Zip Code

How long employed there?

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$0.00	
3. Estimate and list monthly overtime pay.	3. + \$0.00	
4. Calculate gross income. Add line 2 + line 3.	4. \$0.00	

Debtor 1 **Jessica** **L** **Jensen** Case number (if known) _____
 First Name Middle Name Last Name

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ➔	4.	\$0.00	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	
5b. Mandatory contributions for retirement plans	5b.	\$0.00	
5c. Voluntary contributions for retirement plans	5c.	\$0.00	
5d. Required repayments of retirement fund loans	5d.	\$0.00	
5e. Insurance	5e.	\$0.00	
5f. Domestic support obligations	5f.	\$0.00	
5g. Union dues	5g.	\$0.00	
5h. Other deductions. Specify: _____	5h. +	\$0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	
8b. Interest and dividends	8b.	\$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	
8d. Unemployment compensation	8d.	\$0.00	
8e. Social Security	8e.	\$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$0.00	
8g. Pension or retirement income	8g.	\$0.00	
8h. Other monthly income. Specify: _____	8h. +	\$0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$0.00	+ = \$0.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			
	11.	+	\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies.	12.		\$0.00 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No.	None.		
<input type="checkbox"/> Yes. Explain:			

Fill in this information to identify your case:

Debtor 1	Jessica	L	Jensen
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: _____
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. **Does Debtor 2 live in a separate household?**
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☒ No

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

Your expenses

4. The rental or home ownership expenses for your residence.

Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4. **\$300.00**

4a. _____

4b. _____

4c. _____

4d. _____

Debtor 1 **Jessica** **L** **Jensen** Case number (if known) _____
 First Name Middle Name Last Name

Your expenses

5. **Additional mortgage payments for your residence**, such as home equity loans 5. _____
6. **Utilities:**
- 6a. Electricity, heat, natural gas 6a. _____
- 6b. Water, sewer, garbage collection 6b. _____
- 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. **\$100.00**
- 6d. Other. Specify: _____ 6d. _____
7. **Food and housekeeping supplies** 7. **\$100.00**
8. **Childcare and children's education costs** 8. _____
9. **Clothing, laundry, and dry cleaning** 9. **\$25.00**
10. **Personal care products and services** 10. **\$20.00**
11. **Medical and dental expenses** 11. **\$150.00**
12. **Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments. 12. **\$20.00**
13. **Entertainment, clubs, recreation, newspapers, magazines, and books** 13. _____
14. **Charitable contributions and religious donations** 14. _____
15. **Insurance.**
 Do not include insurance deducted from your pay or included in lines 4 or 20.
- 15a. Life insurance 15a. _____
- 15b. Health insurance 15b. **\$150.00**
- 15c. Vehicle insurance 15c. _____
- 15d. Other insurance. Specify: _____ 15d. _____
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ 16. _____
17. **Installment or lease payments:**
- 17a. Car payments for Vehicle 1 17a. _____
- 17b. Car payments for Vehicle 2 17b. _____
- 17c. Other. Specify: _____ 17c. _____
- 17d. Other. Specify: _____ 17d. _____
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).** 18. _____
19. **Other payments you make to support others who do not live with you.** Specify: _____ 19. _____
20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**
- 20a. Mortgages on other property 20a. _____
- 20b. Real estate taxes 20b. _____
- 20c. Property, homeowner's, or renter's insurance 20c. _____
- 20d. Maintenance, repair, and upkeep expenses 20d. _____
- 20e. Homeowner's association or condominium dues 20e. _____

Debtor 1 **Jessica** **L** **Jensen** Case number (if known) _____
First Name Middle Name Last Name

21. Other. Specify: _____ 21. + _____

22. Your monthly expenses. Add lines 4 through 21.
The result is your monthly expenses. 22. **\$865.00**

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. **\$0.00**

23b. Copy your monthly expenses from line 22 above. 23b. **\$865.00**

23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income. 23c. **(\$865.00)**

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.
☐ Yes. Explain here:
None.

B 6 Summary (Official Form 6 - Summary) (12/13)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

In re **Jessica L Jensen**

Case No.

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER		
A - Real Property	Yes	1	\$0.00				
B - Personal Property	Yes	5	\$7,570.74				
C - Property Claimed as Exempt	Yes	2					
D - Creditors Holding Secured Claims	Yes	1				\$0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1				\$0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5				\$51,134.86	
G - Executory Contracts and Unexpired Leases	Yes	1					
H - Codebtors	Yes	1					
I - Current Income of Individual Debtor(s)	Yes	2					\$0.00
J - Current Expenditures of Individual Debtor(s)	Yes	3					\$865.00
TOTAL		22	\$7,570.74	\$51,134.86			

B 6 Summary (Official Form 6 - Summary) (12/13)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

In re **Jessica L Jensen**

Case No.

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$0.00

State the following:

Average Income (from Schedule I, Line 12)	\$0.00
Average Expenses (from Schedule J, Line 22)	\$865.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$380.27

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$51,134.86
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$51,134.86

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **Jessica L Jensen**Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 24 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 4/22/2015Signature /s/ Jessica L Jensen
Jessica L Jensen

Date _____

Signature _____

[If joint case, both spouses must sign.]

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**In re: **Jessica L Jensen**Case No. _____
(if known)**STATEMENT OF FINANCIAL AFFAIRS****1. Income from employment or operation of business**

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the TWO YEARS immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$8,059.45	2014 - Debtor Wages as Librarian
\$5,405.35	2013 - Debtor Wages as Librarian
\$2,779.00	2015 Debtor Wages through last day of work (4/2015).

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the TWO YEARS immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors**Complete a. or b., as appropriate, and c.**

None ☒ a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 DAYS immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 DAYS immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ c. All debtors: List all payments made within ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within ONE YEAR immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

In re: **Jessica L Jensen**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 1

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 DAYS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within ONE YEAR immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Robson & Lopez LLC 161 N. Clark Street Suite 4700 Chicago, IL 60601	04/17/2015	\$1,000.00
CC Advising Online	4/15/2015	\$10 - Credit Counseling

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within TWO YEARS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within TEN YEARS immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re: **Jessica L Jensen**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 2

11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within ONE YEAR immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 DAYS preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☒ If the debtor has moved within THREE YEARS immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within EIGHT YEARS immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re: **Jessica L Jensen**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 3

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material.
☒ Indicate the governmental unit to which the notice was sent and the date of the notice.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is
☒ or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None
☒ a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within SIX YEARS immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

None
☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within SIX YEARS immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement ONLY if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None
☒ a. List all bookkeepers and accountants who within TWO YEARS immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

None
☒ b. List all firms or individuals who within TWO YEARS immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None
☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None
☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within TWO YEARS immediately preceding the commencement of this case.

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

In re: **Jessica L Jensen**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 4

20. Inventories

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None ☒ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

21. Current Partners, Officers, Directors and Shareholders

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

22. Former partners, officers, directors and shareholders

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within ONE YEAR immediately preceding the commencement of this case.

None ☒ b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within ONE YEAR immediately preceding the commencement of this case.

23. Withdrawals from a partnership or distributions by a corporation

None ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during ONE YEAR immediately preceding the commencement of this case.

24. Tax Consolidation Group

None ☒ If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within SIX YEARS immediately preceding the commencement of the case.

25. Pension Funds

None ☒ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within SIX YEARS immediately preceding the commencement of the case.

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

In re: **Jessica L Jensen**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 5

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 4/22/2015

Signature /s/ Jessica L Jensen
of Debtor Jessica L Jensen

Date _____

Signature _____
of Joint Debtor
(if any)

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.
18 U.S.C. §§ 152 and 3571*

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

IN RE: **Jessica L Jensen**

CASE NO

CHAPTER 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A -- Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: None	Describe Property Securing Debt:
<p>Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):</p> <p>Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>	

PART B -- Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: None	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): YES <input type="checkbox"/> NO <input type="checkbox"/>

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date 4/22/2015

Signature /s/ Jessica L Jensen
Jessica L Jensen

Date _____

Signature _____

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

IN RE: **Jessica L Jensen**

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 4/22/2015

Signature /s/ Jessica L Jensen
Jessica L Jensen

Date _____

Signature _____

Aparna Pai MD
11788 Winding Trails Dr
Willow Springs, IL 60480-1191

Armor Systems Corporation
1700 Kiefer Drive, Ste 1
Zion, IL 60099-5105

Associated Radiologists
6801 W. 73rd St., #637
Bedford Park, IL 60499

Balanced Healthcare Receivables
141 Burke Street
Nashua, NH 03060

Certified Services, Inc.
PO Box 177
Waukegan, IL 60079

Comprehensive Pathology Serv
26570 Network Place
Chicago, IL 60673

Creditor's Discount & Audit Co
PO Box 213
Streator, IL 61364

Creditors Collection Bureau
PO Box 1022
Wixom, MI 48393-1022

EM Strategies LTD
PO Cox 366
Hinsdale, IL 60522

ISSAN Health Care Group LTD
2835 Paysphere Cir.
Chicago, IL 60674-2835

Joliet Radiological S. C.
36910 Treasury Center
Chicago, IL 60694-6900

Law Office of Joel Cardis LLC
2006 Swede Rd., Suite 100
E. Norriton, PA 19401

Mayo Clinic
PO Box 4004
Rochester, MN 55903-4004

Medical Business Bureau LLC
1175 Devin Dr.
Suite 173
Norton Shores, MI 49441

Medical Recovery Specialists
2250 E. Devon Ave. Ste 352
Des Plaines, IL 60018

Meridian Medical Assoc
2100 Glenwood Ave
Joliet, IL 60435

Plantation Billing Center
PO Box 189016
Plantation Fl 33318

Pothology and Lab Consutants
6965 Reliable Pkwy
Chicago, IL 60686-0069

Progressive Surgical Associates
PO Box 5932
Carol Stream, IL 60122-0001

Silver Cross Hospital
1900 Silver Cross Blvd.
New Lenox, IL 60451

Southwest Cardio Consultants
2801 Back Rd, Ste A
Joliet, IL 60435-2929

Southwest Gastroenterology
9921 Southwest HWY
Oak Lawn, IL 60453

Suburban Gynecology
PO Box 2069
Joliet, IL 60435

Transworld Systems Inc.
507 Prudential Road
Horsham, PA 19044

Vision Financial Services
PO Box 1768
LaPorte, IN 46352

Will County Community Health Ctr
501 Ella Ave
Joliet, IL 60433-2799

Will County Health Dept.
501 Ella Avenue
Joliet, IL 60433

Aparna Pai MD
11788 Winding Trails Dr
Willow Springs, IL 60480-1191

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36910 Treasury Center
Chicago, IL 60694-6900

Southwest Cardio Consultants
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Joliet, IL 60435-2929

Armor Systems Corporation
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Zion, IL 60099-5105

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E. Norriton, PA 19401

Southwest Gastroenterology
9921 Southwest HWY
Oak Lawn, IL 60453

Associated Radiologists
6801 W. 73rd St., #637
Bedford Park, IL 60499

Mayo Clinic
PO Box 4004
Rochester, MN 55903-4004

Suburban Gynecology
PO Box 2069
Joliet, IL 60435

Balanced Healthcare Receivables
141 Burke Street
Nashua, NH 03060

Medical Business Bureau LLC
1175 Devin Dr.
Suite 173
Norton Shores, MI 49441

Transworld Systems Inc.
507 Prudential Road
Horsham, PA 19044

Certified Services, Inc.
PO Box 177
Waukegan, IL 60079

Medical Recovery Specialists
2250 E. Devon Ave. Ste 352
Des Plaines, IL 60018

Vision Financial Services
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Comprehensive Pathology Serv
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Meridian Medical Assoc
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Will County Community Health Ct:
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UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

IN RE: **Jessica L Jensen**

CASE NO

CHAPTER 7

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
N/A	Real Property.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1.	Cash on hand.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.	Checking, savings or other financial accounts, CD's or shares in banks...	\$80.00	\$0.00	\$80.00	\$80.00	\$0.00
3.	Security deposits with public utilities, telephone companies, landlords, others.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.	Household goods and furnishings, including audio, video...	\$350.00	\$0.00	\$350.00	\$350.00	\$0.00
5.	Books, pictures and other art objects, antiques, stamp, coin, records....	\$50.00	\$0.00	\$50.00	\$50.00	\$0.00
6.	Wearing apparel.	\$100.00	\$0.00	\$100.00	\$100.00	\$0.00
7.	Furs and jewelry.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8.	Firearms and sports, photographic and other hobby equipment.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9.	Interests in insurance policies.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.	Annuities.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Education IRAs.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12.	Interests in IRA, ERISA, Keogh...	\$2,290.74	\$0.00	\$2,290.74	\$2,290.74	\$0.00
13.	Stock and interests in incorporated...	\$200.00	\$0.00	\$200.00	\$200.00	\$0.00
14.	Interests in partnerships....	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15.	Government and corporate bonds...	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Accounts receivable.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17.	Alimony, maintenance, support, and property settlement to which the.....	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18.	Other liquidated debts owed debtor...	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Equitable or future interests, life estates, and rights or powers.....	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Contingent and noncontingent interests in estate of decedent, death benefit....	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Other contingent and unliquidated claims of every nature.....	\$4,500.00	\$0.00	\$4,500.00	\$3,320.00	\$1,180.00

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

IN RE: Jessica L Jensen

CASE NO

CHAPTER 7

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 1

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
22.	Patents, copyrights, and other intellectual property.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23.	Licenses, franchises, and other....	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Customer Lists.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Automobiles, trucks, trailers, vehicles...	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Boats, motors and accessories.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Aircraft and accessories.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Office equipment, furnishings...	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29.	Machinery, fixtures used in business.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30.	Inventory.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31.	Animals.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32.	Crops - growing or harvested.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Farming equipment and implements.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34.	Farm supplies, chemicals, and feed.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Other personal property of any kind.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS:		\$7,570.74	\$0.00	\$7,570.74	\$6,390.74	\$1,180.00

Surrendered Property:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

Property Description	Market Value	Lien	Equity
Real Property			
(None)			
Personal Property			
(None)			
TOTALS:		\$0.00	\$0.00

Non-Exempt Property by Item:

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
Real Property				
(None)				
Personal Property				

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

IN RE: **Jessica L Jensen**

CASE NO

CHAPTER **7**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 2

Potential FDCPA claim against Vision Financial Services.	\$750.00	\$750.00	\$430.00
Potential FDCPA claim against Medical Business Bureau. LLC	\$750.00	\$750.00	\$750.00

TOTALS:	\$1,500.00	\$0.00	\$1,500.00	\$1,180.00
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Summary	
A. Gross Property Value (not including surrendered property)	\$7,570.74
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$7,570.74
D. Gross Amount of Encumbrances (not including surrendered property)	\$0.00
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$0.00
G. Total Equity (not including surrendered property) / (A-D)	\$7,570.74
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$7,570.74
J. Total Exemptions Claimed	\$6,390.74
K. Total Non-Exempt Property Remaining (G-J)	\$1,180.00

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Silver Cross Hospital
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New Lenox, IL 60451

Salvador J Lopez, Bar No. 6298522
Robson & Lopez LLC
161 N. Clark Street
Suite 4700
Chicago, IL 60601
(312) 523-2021
Attorney for the Petitioner

UNITED STATES BANKRUPTCY COURT FOR THE

NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re: Case No.:
Jessica L Jensen SSN: xxx-xx-5281
SSN: _____

Debtor(s)

Numbered Listing of Creditors

Address:

1007 Wilcox
Joliet, IL 60435

Chapter: 7

	Creditor name and mailing address	Category of claim	Amount of claim
1.	Aparna Pai MD 11788 Winding Trails Dr Willow Springs, IL 60480-1191 4878	Unsecured Claim	\$1,158.42
2.	Armor Systems Corporation 1700 Kiefer Drive, Ste 1 Zion, IL 60099-5105 xx-xxxxx9929	Unsecured Claim	\$172.40
3.	Associated Radiologists 6801 W. 73rd St., #637 Bedford Park, IL 60499 28167	Unsecured Claim	\$21.18
4.	Balanced Healthcare Receivables 141 Burke Street Nashua, NH 03060 7888297; 6947103	Unsecured Claim	\$198.00
5.	Certified Services, Inc. PO Box 177 Waukegan, IL 60079 4878A	Unsecured Claim	\$1,158.42
6.	Comprehensive Pathology Serv 26570 Network Place Chicago, IL 60673 CPS 23329	Unsecured Claim	\$37.10

in re: **Jessica L Jensen**

Debtor

Case No. (if known)

	Creditor name and mailing address	Category of claim	Amount of claim
7.	Creditor's Discount & Audit Co PO Box 213 Streator, IL 61364 H57767-F35901	Unsecured Claim	\$368.00
8.	Creditors Collection Bureau PO Box 1022 Wixom, MI 48393-1022 xxx4911	Unsecured Claim	\$477.00
9.	EM Strategies LTD PO Cox 366 Hinsdale, IL 60522 53528; 124088	Unsecured Claim	\$13,093.00
10.	ISSAN Health Care Group LTD 2835 Paysphere Cir. Chicago, IL 60674-2835 361346	Unsecured Claim	\$1,400.00
11.	Joliet Radiological S. C. 36910 Treasury Center Chicago, IL 60694-6900 37337	Unsecured Claim	\$1,668.00
12.	Law Office of Joel Cardis LLC 2006 Swede Rd., Suite 100 E. Norriton, PA 19401 xxx6467	Unsecured Claim	\$92.05
13.	Mayo Clinic PO Box 4004 Rochester, MN 55903-4004 7-317-734	Unsecured Claim	\$11,382.16
14.	Medical Business Bureau LLC 1175 Devin Dr. Suite 173 Norton Shores, MI 49441 J000130772; J000157114	Unsecured Claim	\$5,335.00
15.	Medical Recovery Specialists 2250 E. Devon Ave. Ste 352 Des Plaines, IL 60018 9581780 (more in remarks)	Unsecured Claim	\$369.58

in re: **Jessica L Jensen**

Debtor

Case No. (if known)

	Creditor name and mailing address	Category of claim	Amount of claim
16.	Medical Recovery Specialists 2250 E. Devon Ave. Ste 352 Des Plaines, IL 60018 PICS-M0228983; 08588759	Unsecured Claim	\$533.00
17.	Meridian Medical Assoc 2100 Glenwood Ave Joliet, IL 60435 295017	Unsecured Claim	\$323.00
18.	Plantation Billing Center PO Box 189016 Plantation FL 33318 40777595-23-19901	Unsecured Claim	\$710.00
19.	Pothology and Lab Consutants 6965 Reliable Pkwy Chicago, IL 60686-0069 5157	Unsecured Claim	\$730.75
20.	Progressive Surgical Associates PO Box 5932 Carol Stream, IL 60122-0001 82525	Unsecured Claim	\$90.00
21.	Silver Cross Hospital 1900 Silver Cross Blvd. New Lenox, IL 60451 F040093923 (more in remarks)	Unsecured Claim	\$3,955.39
22.	Southwest Cardio Consultants 2801 Back Rd, Ste A Joliet, IL 60435-2929 AE 13161	Unsecured Claim	\$25.00
23.	Southwest Gastroenterology 9921 Southwest HWY Oak Lawn, IL 60453 23514.1	Unsecured Claim	\$3,160.00
24.	Suburban Gynecology PO Box 2069 Joliet, IL 60435 4019	Unsecured Claim	\$354.07

in re: **Jessica L Jensen**

Debtor

Case No. (if known)

	Creditor name and mailing address	Category of claim	Amount of claim
25.	Transworld Systems Inc. 507 Prudential Road Horsham, PA 19044 26313175	Unsecured Claim	\$90.00
26.	Vision Financial Services PO Box 1768 LaPorte, IN 46352 634571 (additional accounts in remarks)	Unsecured Claim	\$3,785.84
27.	Will County Community Health Ctr 501 Ella Ave Joliet, IL 60433-2799 9857	Unsecured Claim	\$412.00
28.	Will County Health Dept. 501 Ella Avenue Joliet, IL 60433 000033175	Unsecured Claim	\$35.50

(The penalty for making a false statement or concealing property is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. secs. 152 and 3571.)

DECLARATION

I, **Jessica L Jensen**

named as debtor in this case, declare under penalty of perjury that I have read the foregoing *Numbered Listing of Creditors*, consisting of 4 sheets (including this declaration), and that it is true and correct to the best of my information and belief.

Debtor: /s/ Jessica L Jensen
Jessica L Jensen

Date: 4/22/2015